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REPORT OF THE WORKPLACE SMOKING SURVEY AMONG EMPLOYEES OF MANITOBA HEALTH

JANUARY, 1987

Manitoba Health

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CONTENTS: PAGE:

EXECUTIVE SUMMARY

SUMMARY & CONCLUSIONS

INTRODUCTION 1

RESEARCH QUESTIONS 2

METHODS 2

RESULS 3

SUGGESTION FOR POLICY 6

DISCUSSION 8

TABLE 1: Workplace sampled.

TABLE 2: Age distribution of the respondents to the survey of Smoking attitudes among workers at Manitoba Health.

TABLE 3: Distribution of Manitoba Health employees by smoking status and sex.

Prevalence of smoking among employees who compiled the questionnaire.

TABLE 4: Distribution of Manitoba Health employees by smoking status and age.

Prevalence of smoking among employees who completed the questionnaire.

TABLE 5: Prevalence of smoking by worksite (job type).

TABLE 6: Prevalence of smoking by worksite.

TABLE 7: Proportion of employees who are aware of guidelines.

TABLE 8: Awareness of guidelines by smoking status.

TABLE 9: Awareness of guidelines by job type.

TABLE 10: Opinions on improving guidelines by worksite.

TABLE 11: Percentage of persons who reported being bothered by exposure to passive smoke at different workplace locations.

FIGURE 1: Distribution of employees by sex.

FIGURE 2: Age distribution of repondents.

FIGURE 3: Prevalence of Smoking among employees.

FIGURE 4: Prevalence of Smoking by age.

FIGURE 5: Prevalence of non smokers.

FIGURE 6: Prevalence of smokers by worksite.

FIGURE 7: Awareness of guidelines on smoking.

FIGURE 8: Awareness of guidelines on smoking.

FIGURE 9: Awareness of guidelines by job type.

FIGURE 10: Recommended improvements to guidelines

FIGURE 11: Place where smoke bothers respondents.

EXECUTIVE SUMMARY

Smoking in the Workplace Survey

Manitoba Health - January, 1987

This report presents the results of a survey conducted in Manitoba Health jurisdictions in January, 1987. The purpose of the survey was to evaluate the effectiveness of the implementation of the voluntary guidelines on "Smoking and Non Smoking in the Workplace" (Manitoba Health, January 1st, 1985) and to obtain opinions and suggestions regarding a "no smoking" policy for Manitoba Health workplaces.

The results indicate that awareness of policy and effective implementation was low. Awareness was highest among management, and lowest among clerical and younger employees. Among those knowledgeable about the guidelines, only 40% felt that they were effectively implemented.

Prevalence of smoking was highest in the age 15-24 at 42% and constant at about 30% in ages 25-54. Smoking prevalence was higher among management and clerical, and lower among professional staff. The Mental Health Centres had the highest smoking prevalence while Manitoba Health and Cadham Provincial Laboratory had the lowest.

Second hand smoke was most bothersome in cafeterias, lunchrooms, meeting rooms and workplace.

Although both smokers and non smokers agreed that there are adverse health effects from exposure to second hand smoke, there was a strong polarization of opinions regarding the non smokers right to a smoke-free environment versus a smoker's right to smoke.

Forty percent of the respondents (smokers and non smokers) recommended a smoke-free workplace, with a desigated smoking area, while 40% had no comment. Approximately 10% recommended a total ban. There is strong support for a no smoking policy by smokers, with recommendation to allocate designated ventilated smoking areas for the smokers.

SMOKING IN THE WORKPLACE

SUMMARY AND CONCLUSIONS

1. The prevalence of smokers among the sampled employees of the Manitoba Department of Health is similar to that of the population as a whole. No statements on the effectiveness of the guidelines on reducing the prevalence of smoking can be made from this data
2. The guidelines on "Smoking and Non-Smoking in the Workplace" are not well publicized. Only 23% of the sample were aware and knowledgeable about the contents of the guidelines.
3. Managers are the most knowledgeable while clerical staff are the least knowlegeable about the guidelines. There would appear to be a problem in disseminating the guidelines to the clerical and staff level.
4. Among those knowledgeable of the guidelines only 40% of respondents feel the guidelines are effective.
5. Over 50% of Employees report being bothered by smoke in cafeterias, lunch rooms and conference rooms. 46% report being bothered in their own workplaces.
6. The majority of respondents favour the formal designation of smoking areas. The proportion is highest, 87%, when special ventilation exists in these designated areas. When special ventilation does not exist, 61% of respondents favour a total ban on smoking. Among regular smokers, only 21% favour a total ban in such situations.
7. 51% of respondents feel that smoking should not be permitted in single offices.
8. 90% of respondents agree that there are adverse long term health consequences from the chronic exposure to second hand smoke.
9. 80% of non-smokers feel that a non-smoker's desire for a smoke-free work environment should take precedence over a smoker's privilege to smoke. 73% of regular smokers disagree with the above. There appears to be a strong polarization on this issue.
10. 75% of employees who smoke, have tried to quit at least once. 80% of smokers feel the Department should offer cessation programs.

INTRODUCTION

Smoking in the workplace is becoming a very controversial issue as the potential adverse health effects are becoming more clearly elucidated. In many industries, the harmful effects of many chemicals or compounds are increased by the act of smoking. There are thus direct health reasons for both the smoker and non-smoker to reduce their exposure to cigarette smoke.

Balanced against these known health risks, is the knowledge that cigarette smoking is an addiction or habit that is not easily stopped. Smokers often develop their habit before they enter the work force and must then try to quit or reduce the amount they smoke. Increasingly, issues of human rights are raised as especially non-smokers express their desires for a smoke-free workplace.

In 1985, the Minister of Health proclaimed the guidelines on smoking and non-smoking in the workplace for all offices and worksites of the Manitoba department of health. Now two years later, it was decided to evaluate the effect of these guidelines. A survey was authorized to be conducted on certain divisions of the health department. This report is the summary of the methods, results, and implications of that survey.

Research Questions:

The primary purpose of the survey was to determine:

1. whether the guidelines had been successfully implemented;
2. whether there are any problems associated with the guidelines or its implementation; and
3. whether the voluntary process was effective.

These purposes were translated into specific research questions for this survey. These questions were:

1. What proportion of the workforce is aware of the guidelines? How does this vary across different workplaces?
2. What proportion of the workforce are of the opinion that the guidelines are effective in their workplace?
3. What are the employees' suggestion for improving the guidelines?
4. What are the employee's suggestion for the implementation of a policy
5. What is the prevalence of smoking in each workplace and does it correlate with the perceived program effectiveness or awareness?

Other areas of interest included an attempt to determine the level of knowledge about the health effects of passive smoking, the attitudes of employees towards smoking in the workplace, and attitudes towards the human rights issues related to smoking. All of these factors will be needed to formulate a new policy on smoking should one be needed.

Methods:

A survey of a specified number of workplaces was conducted. The questionnaire used by Health and Welfare Canada was obtained and modified so as to reflect the specific nature of the provincial health department. This questionnaire met all of the research needs. Most questions were left unchanged so that they would correspond to and would allow for comparisons with other studies (eg. Health and Welfare Canada employee smoking survey and the Health Promotion Survey). A copy of the questionnaire is attached in Appendix 1.

Lists of all employees were obtained from the personnel department of the Manitoba Department of Health. Term employees and those who were on leaves of absence or maternity leave were excluded. Part-time employees were included in the survey.

The sampling method consisted of a simple stratified random sample. A 30% sample was taken from each of the 6 major personnel files; Brandon Mental Health Centre, Selkirk Mental Health Centre, Manitoba Health, MHSC, Cadham Laboratory and the Sports and Recreation section. The sampling method consisted of generating a series of random numbers using the lotus 1-2-3 program on an IBM-XT computer and then applying these numbers to the sequential list of names. In total 708 names were selected.

Questionnaires were mailed to each person in the sample. Since the questionnaire had no personal identifying information, no reminders were sent. The response rate appeared to be high so no global reminders were felt to be needed.

Returned questionnaire were individually examined and the written responses were coded. The coded forms were then sent to MHSC for key-punching. No verification was done. The final data set was then transferred to the mainframe computer at MDS for analysis, which was done using the SAS computer package.

Results:

Description of the Sample

546 (77.1%) of the 708 questionnaires were completed and returned. Table 1 shows the response rate by sampling strata. The sports and recreation sample is included in with Manitoba Health since it only contained 7 responses. As can be seen, MHSC and Manitoba Health had the highest response rates while the two mental health centres had somewhat lower rates. Selection bias was not considered in the study methodology.

The distribution of respondents by age and sex is given in table 2, figures 1 and 2. Almost three quarters of the respondents were females and this closely reflects the overall sex ratio obtained from the personnel departments. Almost two thirds of the respondents were between the ages of 25 and 44 years old. This again agrees with the proportions estimated by the personnel department. 48% of the respondents reported themselves as professionals while 21% claimed that they were clerical staff.

Prevalence of Smoking

30.6% of the respondents indicated that they currently smoke cigarettes. 26.1% reported that smoking on a regular basis while 4.6% indicated that they smoke occasionally (table 3, figure 3). There was very little differences between the sexes; 32% of males reported themselves as smokers compared to 30% for females.

The prevalence of smoking among employees is highest in the youngest age group; those aged 15-24 (table 4, figure 4). There appears to be a constant prevalence of smoking of 30% between ages 25-54. After this age, the prevalence of smokers declines to approximately 20% among the eldest employees.

The prevalence of smoking among the professional staff (22%) is lower than that of the clerical or managerial staff (36%), as shown in table 5, figure 5. The highest prevalence of smoking, approximately 48%, is reported by those who do "other" jobs. This distribution of smoking by job type is likely to be associated with the prevalence of smoking in each worksite. Currently, the Cadham Provincial Laboratory has the lowest prevalence of smoking at 18% while both Brandon and Selkrik Mental Heath Centres have the highest prevalence at 40% and 38% respectively. Manitoba Health and MHSC have intermediate prevalence of smoking at 22% and 32% as shown in table 6 and figure 6.

Among the smokers, only 24% have never tried to quit. 42% have tried to quit once or twice and 35% have tried to quit 3 or more times. 80% of smokers believe that the Department should provide smoking-cessation programs but only 43% feel the employers should pay for it. 44% of smokers said they would likely attend such classes either at lunch time or after work while 53% said they would enroll if the classes were held during normal working hours.

Awareness of the Guidelines on Smoking in the Workplace

25% of employees were aware and familiar with the content of the guidelines and a furtner 43% were only aware that the guidelines existed. As shown in figure 7 and table 7, 32% of the employees were neither aware nor knowledgeable about what guidelines are in place.

Amongst those respondents who were aware and familiar with the content of the guidelines, only 41% felt that the guidelines were obeyed by smokers and 57% felt tnat managers encouraged and supported the guidelines.

Awareness of the guidelines was slightly higher among smokers (28%) compared to non-smokers (21%) as shown in table 8, figure 8. Awareness tends to be lowest among the younger employees with 39% of employees age 25-34 years old, being unaware of the guidelines.

Dissemination of the Guidelines

Awareness of the guidelines is highest among managers with 46% reporting tnat they are familiar with the content, as shown in figure 9. However, among all other employees, tnis declines to 15-20%. The level of awareness about the guidelines is poorest amount the clerical staff where 41% are not aware of the guidelines (table 9).

Suggestions For Policy

57% of those surveyed wrote in suggestions for policy. Designating areas for smoking was the most common response with 41% of the employees favouring this action (table 10, figure 10). 10% of employees favoured a complete ban on smoking. Only 3% wrote comments suggesting that smokers' right need to be protected.

Similarly, 30% of those surveyed wrote in suggestions for implementation of the Policy. 21% of employees suggested that the guidelines become a formal policy and a further 2% suggested enforcing the current guidelines. Only 2% of employees suggested that cessation and educational programs should be provided.

Passive Smoking as a Health Issue

90% of the respondents agreed with the statement, "In the long run, smoke in the workplace can adversely affect the health of non-smokers and smokers." This percentage rose to 95% agreement among non-smokers and ex-smokers. 74% of regular smokers also agreed with this statement, indicating wide acceptance of the health risks from the chronic exposure to passive smoking.

Passive Smoking and Non-Smokers' Rights

The issue of non-smokers' rights is fairly controversial. While 76% of the respondents, including 55% of smokers, agreed that most non-smokers do mind when people smoke in their presence. A lower proportion, 63%, felt that the desire of

non-smokers for a smoke-free work environment should prevail over the privilege of an employee to smoke in the workplace. The difference of opinion between smokers and non-smokers is quite wide on this latter point. Approximately 80% of non-smokers agree with the concept of non-smokers rights prevailing over a smoker's privelege to smoke. This compares with 75% of regular smokers who disagree with this concept. Occasional smokers tend to favour the non-smokers' rights.

Locations Where Smoke is Bothersome

The distribution of where employees reported being bothered by smoke is shown in table 11 and figure 11. Cafeterias, lunch rooms, and conference rooms were locations where employees frequently reported being bothered by smoker. 56% of employees were bothered always or sometimes by smoke in these settings. 46% reported that they were bothered sometimes or always in their immediate work setting. Laboratories were the least frequent sight of workplace problems with smoke, probably due to the low prevalence of smoking in such places.

Attitudes Towards a Smoking Policy

77% of the respondents agreed with the statement, "The Department should do more to create a smoke-free environment." 92% of non-smokers and 85% of ex-smokers indicated their agreement while only 60% and 40% of occasional and regular smokers agreed. This wide variation indicates that while the problem is recognized, the actions required to correct it are not.

With regards to a policy, 81% of respondents believed that all workplace meetings should be smoke-free; 82% believe that hospitals, clinics, and community health centres run by the Department should be smoke-free areas; and 87% of respondents believe that the most effective and durable form of regulation is a ban on smoking in all areas except in designated rooms where special ventilation exists. Even 78% of smokers agree with the latter statement while 91% of non-smokers agree.

The provision of a specialty ventilation in a designated smoking area raised some interesting responses. While 87% favour the concept, only 67% feel that it should be provided even if it entails costly modifications to existing ventilation systems.

Examing the responses by smoking status, indicates that 78% of smokers favour such costly changes in ventilation while only 61% of non-smokers feel it should be done. On the other hand, if the changes to the ventilation systems are too costly, 61% of respondents favour a total ban on all smoking in the work setting. Here, the non-smokers predominate with 78% of non-smokers compared to 21% of smokers favouring such a total ban.

Discussion

The prevalence of smoking among the employees of the Manitoba Department of Health is very similar to that of the province as a whole. Manitoba data from the Federal Health Promotion Survey would predict only slightly higher prevalence rates, a difference that may be due to the nigh proportion of professional staff. The distribution of smokers by age and sex is also similar to that of the overall population. While no data is available from prior surveys of this work force, there is certainly no reason to expect the guidelines have had a major role in reducing the prevalence of smoking over the last two years.

The level of awareness about tne guidelines is low. Only 30% of those surveyed, responded that they were knowledgeable about the content of the guidelines. This knowledge appears to be concentrated in the managers while the level of knowledge among the clerical and professional staff is low. It would appear from this analysis that guidelines have not been well circulated or at least well publicized amongst these latter two groups.

The level of knowledge about the guidelines is lowest among the youngest employees. This raises the hypothesis that the guidelines have not been well publicized among new employees as they enter this work force. However, given the trend that most managers are older, a potential bias due to the type of job is possible.

The perceived effectiveness of the guidelines is also low. Among those who are aware and knowledgeable about them, only 40% felt that the guidelines were being obeyed.

The level of support for the guidelines among managers needs to be examined further. 57% of those who are aware and knowledgeable of the content of the guidelines, expressed the opinion that the managers should encourage and support the guidelines.

There appears to be widespread agreement within the work force on certain facts such as:

- the adverse long term health consequences of chronic exposure to passive smoke;
- non-smokers do mind smoking in their presence; and
- the most effective and desireable way to regulate smoking in the workplace is to ban it except for designated area where special ventilation exists.

The problems arise when the latter solution is not possible or feasable in the current-economic condition.

A very high percentage of employees, 87% agreed with the need for special designated smoking areas. Answering a different question, 41% of employees suggested designated smoking areas without any prompting. The fact that smoking bothers people mainly in cafeterias, conferences, and in their own work setting adds strength to the need for at least such a partial ban.

The problem comes when such a designated smoking area does not have special ventilation. In such situations, the majority of work places, the smoke from cigarettes will enter the ventilation system of the entire building. The chemicals, which includes many carcinogens will be transported all through the building and the policy of a designated area will provide protection only by diluting the smoke. When respondents were asked to agree or disagree with statements regarding smoking policy in such situations, the majority favoured the banning of all smoking but this was due to the large proportion of non-smokers. Smokers favour the installation of costly ventilation systems.

TABLE 1

WORKPLACE	ELLIGIBLE FOR SAMPLING	NUMBER SAMPLED	SAMPLING PERCENTAGE	NUMBER OF RESPONSES OBTAINED	RESPONSE RATE
BRANDON MENTAL HEALTH CENTRE	647	181	28.0%	120	66.3%
SELKIRK MENTAL HEALTH CENTRE	449	132	29.4%	87	65.9%
MANITOBA HEALTH	815	247	30.3%	209	84.6%
MANITOBA HEALTH SERVICES COMMISSION	382	115	30.1%	98	85.2%
CADHAM LABORATORY	113	33	29.2%	26	78.8%
UNSPECIFIED WORKSITE				6	
TOTAL	2,406	708	29.4%	546	77.1%

TABLE 2

AGE DISTRIBUTION OF THE RESPONDENTS TO THE SURVEY OF SMOKING ATTITUDES AMONG WORKERS AT MANITOBA HEALTH

AGE GROUP	MALE	(%)	FEMALE	(%)	COMBINED*	(%)
15-24	6	4.8%	38	10.9%	46	9.5%
25-34	34	27.2%	131	37.4%	169	34.8%
35-44	39	31.2%	95	27.1%	144	29.7%
45-54	25	20.0%	54	15.4%	88	18.1%
55-64	21	16.8%	31	8.9%	36	7.4%
>65	0	0.0%	1	0.3%	2	0.4%
TOTAL	125	100.0%	350	100.0%	485	100.0%

Figure 1

DISTRIBUTION OF EMPLOYEES BY SEX

MANITOBA HEALTH WORKPLACE SURVEY, 1987

Figure 2

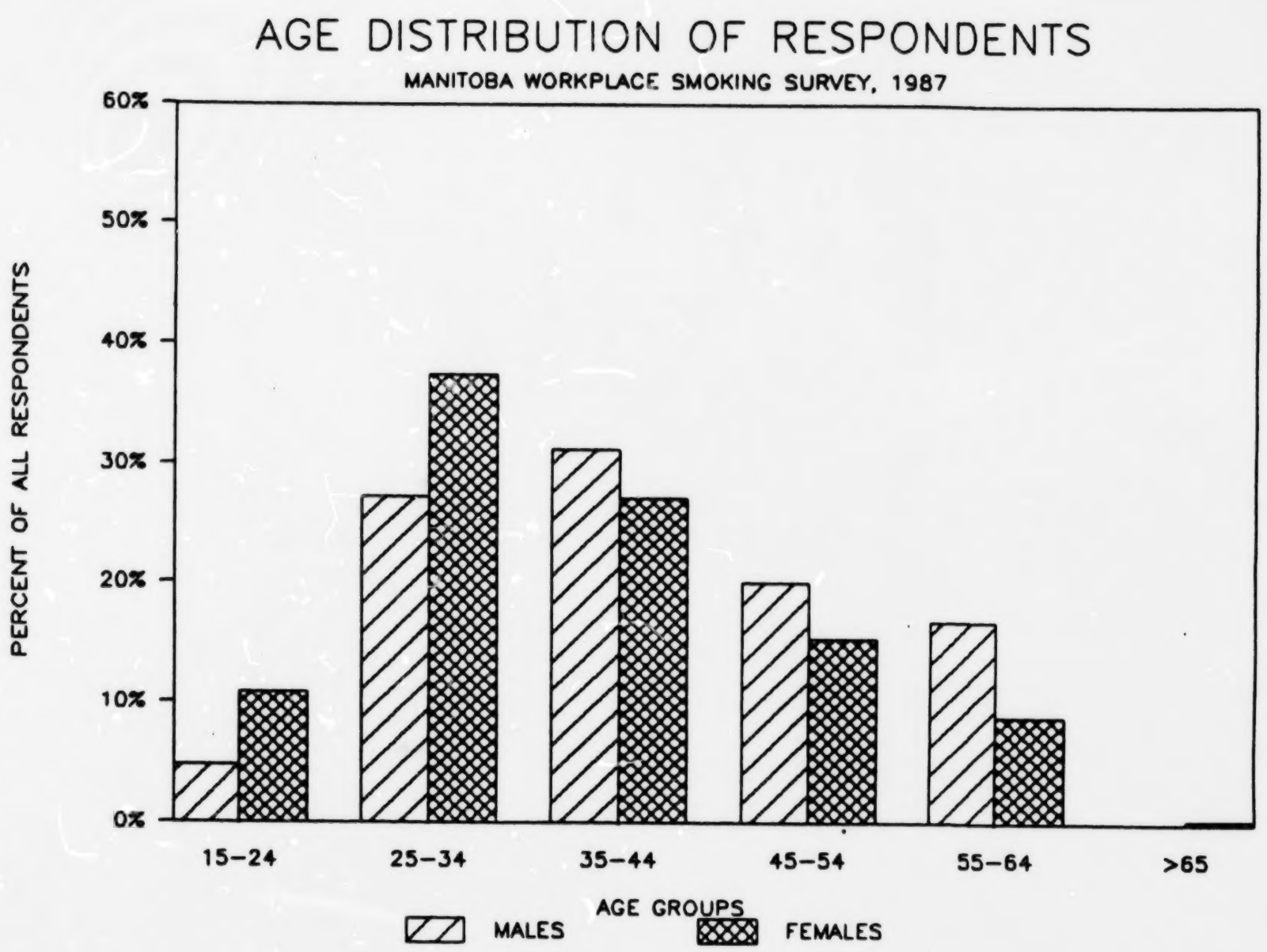

AGE DISTRIBUTION OF RESPONDENTS
MANITOBA WORKPLACE SMOKING SURVEY, 1987
PERCENT OF ALL RESPONDENTS
60%
50%
40%
30%
20%
10%
0%
15–24
25–34
35–44
45–54
55–64
>65
AGE GROUPS
MALES
FEMALES

TABLE 3

DISTRIBUTION OF MANITOBA HEALTH EMPLOYEES BY SMOKING STATUS AND SEX

SMOKING STATUS	MALE	FEMALE	COMBINED*	OVERALL~
NEVER SMOKED	45	158	203	219
USED TO SMOKE	42	109	151	159
REGULAR SMOKER	35	98	133	142
OCCASSIONAL SMOKER	6	17	23	25
TOTAL	128	382	510	545

* 36 MISSING OBSERVATIONS OF WHICH 35 DID NOT INDICATE SEX
~ 1 MISSING OBSERVATION

PREVALENCE OF SMOKING AMONG EMPLOYEES WHO COMPLETED THE QUESTIONNAIRE

SMOKING STATUS	MALE	FEMALE	COMBINED	OVERALL~
NEVER SMOKED	35.2%	41.4%	39.8%	40.2%
USED TO SMOKE	32.8%	28.5%	29.6%	29.2%
REGULAR SMOKER	27.3%	25.7%	26.1%	26.1%
OCCASSIONAL SMOKER	4.7%	4.5%	4.5%	4.6%
NON-SMOKER	68.0%	69.9%	69.4%	69.4%
SMOKER	32.0%	30.1%	30.6%	30.6%
TOTAL	100.0%	100.0%	100.0%	100.0%

* 36 MISSING OBSERVATIONS OF WHICH 35 DID NOT INDICATE SEX
~ 1 MISSING OBSERVATION

Figure 3

PREVELANCE OF SMOKING AMONG EMPLOYEES

MANITOBA HEALTH WORKPLACE SURVEY, 1987

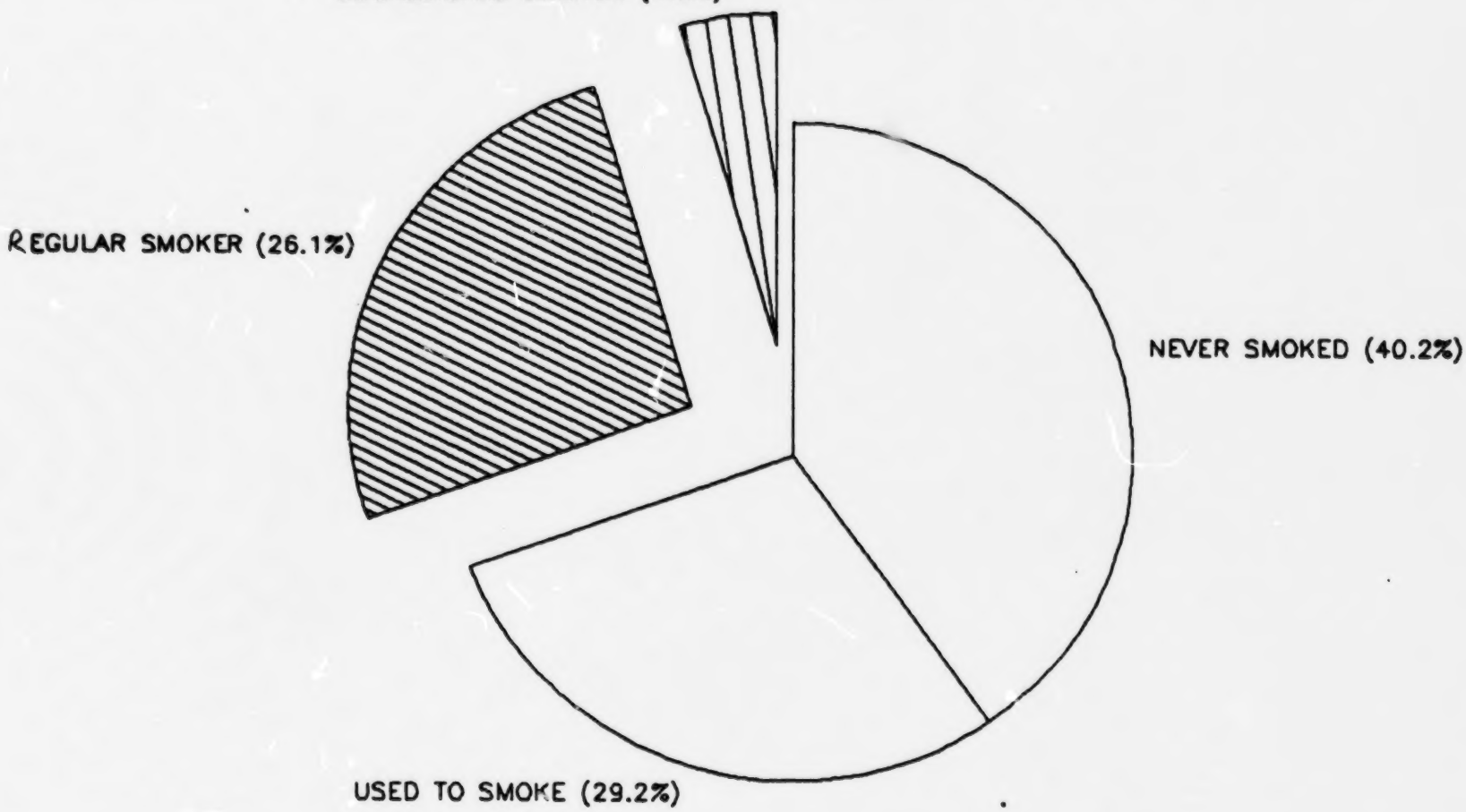


TABLE 4

DISTRIBUTION OF MANITOBA HEALTH EMPLOYEES BY SMOKING STATUS AND AGE

SMOKING STATUS	15-24	25-34	35-44	45-54	OVER 55	COMBINED
NEVER SMOKED	18	108	41	28	23	218
USED TO SMOKE	9	73	34	22	22	160
REGULAR SMOKER	17	62	25	20	12	136
OCCASSIONAL SMOKER	2	17	5	1	0	25
TOTAL	46	260	105	71	57	539

PREVALENCE OF SMOKING AMONG EMPLOYEES WHO COMPLETED THE QUESTIONNAIRE

SMOKING STATUS	15-24	25-34	35-44	45-54	OVER 55	COMBINED
NEVER SMOKED	39.1%	41.5%	39.0%	39.4%	40.4%	40.4%
USED TO SMOKE	19.6%	28.1%	32.4%	31.0%	38.6%	29.7%
REGULAR SMOKER	37.0%	23.8%	23.8%	28.2%	21.1%	25.2%
OCCASSIONAL SMOKER	4.3%	6.5%	4.8%	1.4%	0.0%	4.6%
NON-SMOKER	58.7%	69.6%	71.4%	70.4%	78.9%	70.1%
SMOKER	41.3%	30.4%	28.6%	29.6%	21.1%	29.9%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Figure 4

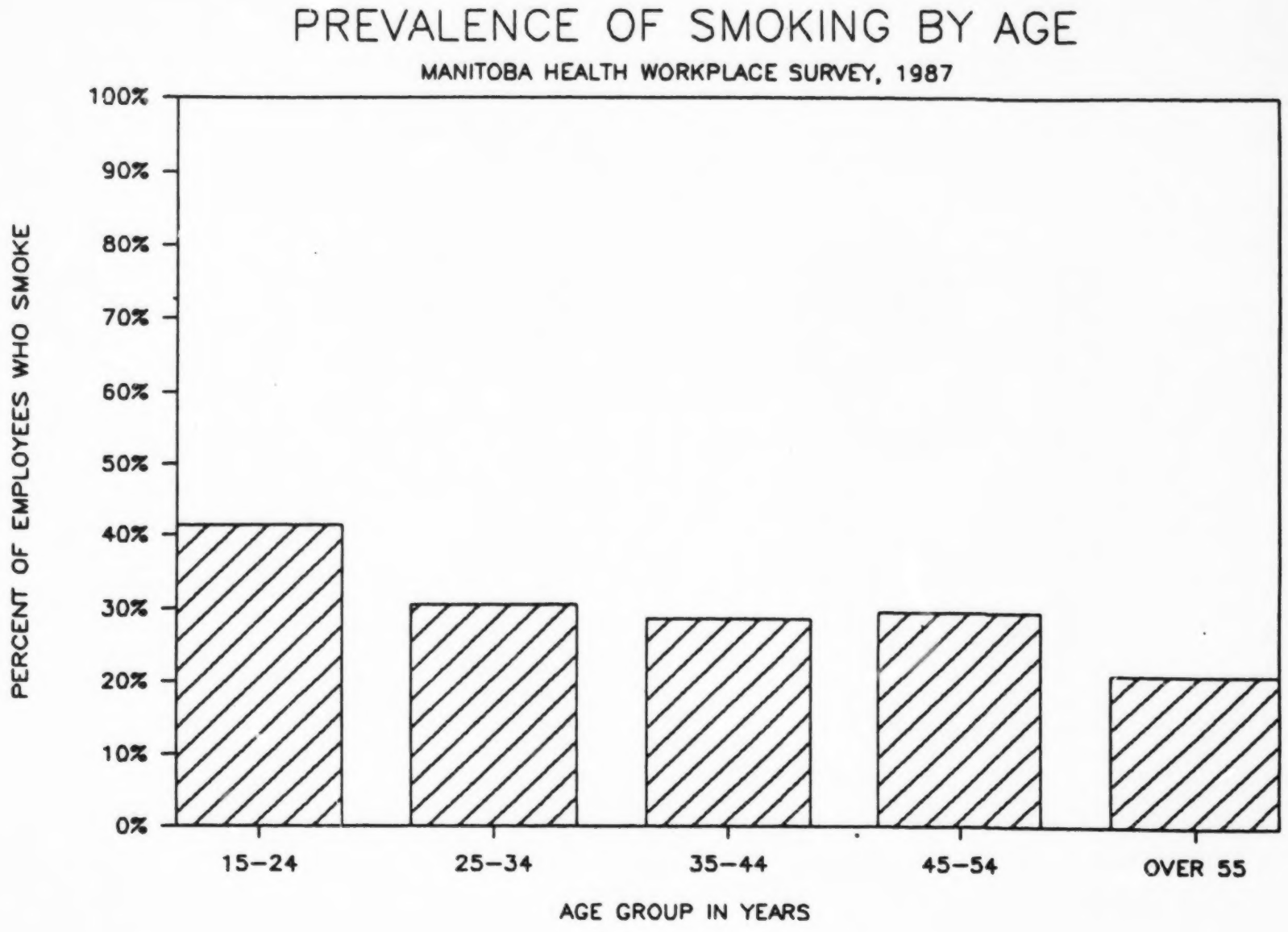

PREVALENCE OF SMOKING BY AGE
MANITOBA HEALTH WORKPLACE SURVEY, 1987
PERCENT OF EMPLOYEES WHO SMOKE
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
15–24
25–34
35–44
45–54
OVER 55
AGE GROUP IN YEARS

TABLE 5

PREVALENCE OF SMOKING BY WORKSITE

JOB TYPE	NON-SMOKERS	OCCASSIONAL SMOKERS	REGULAR SMOKERS	TOTAL* SAMPLE
MANAGER	45	6	20	71
PROFESSIONAL	208	13	44	265
CLERICAL	76	3	38	117
OTHER	44	3	37	84
TOTAL	373	25	139	537

* 9 PERSONS DID NOT PROVIDE INFORMATION ON THEIR TYPE OF JOB AND ARE THUS MISSING FROM THIS TABLE

JOB TYPE	NON-SMOKERS	OCCASSIONAL SMOKERS	REGULAR SMOKERS	TOTAL* SAMPLE
MANAGER	63%	8%	28%	100%
PROFESSIONAL	78%	5%	17%	100%
CLERICAL	65%	3%	32%	100%
OTHER	52%	4%	44%	100%
TOTAL	69%	5%	26%	100%

* 9 PERSONS DID NOT PROVIDE INFORMATION ON THEIR TYPE OF JOB AND ARE THUS MISSING FROM THIS TABLE

Figure 5

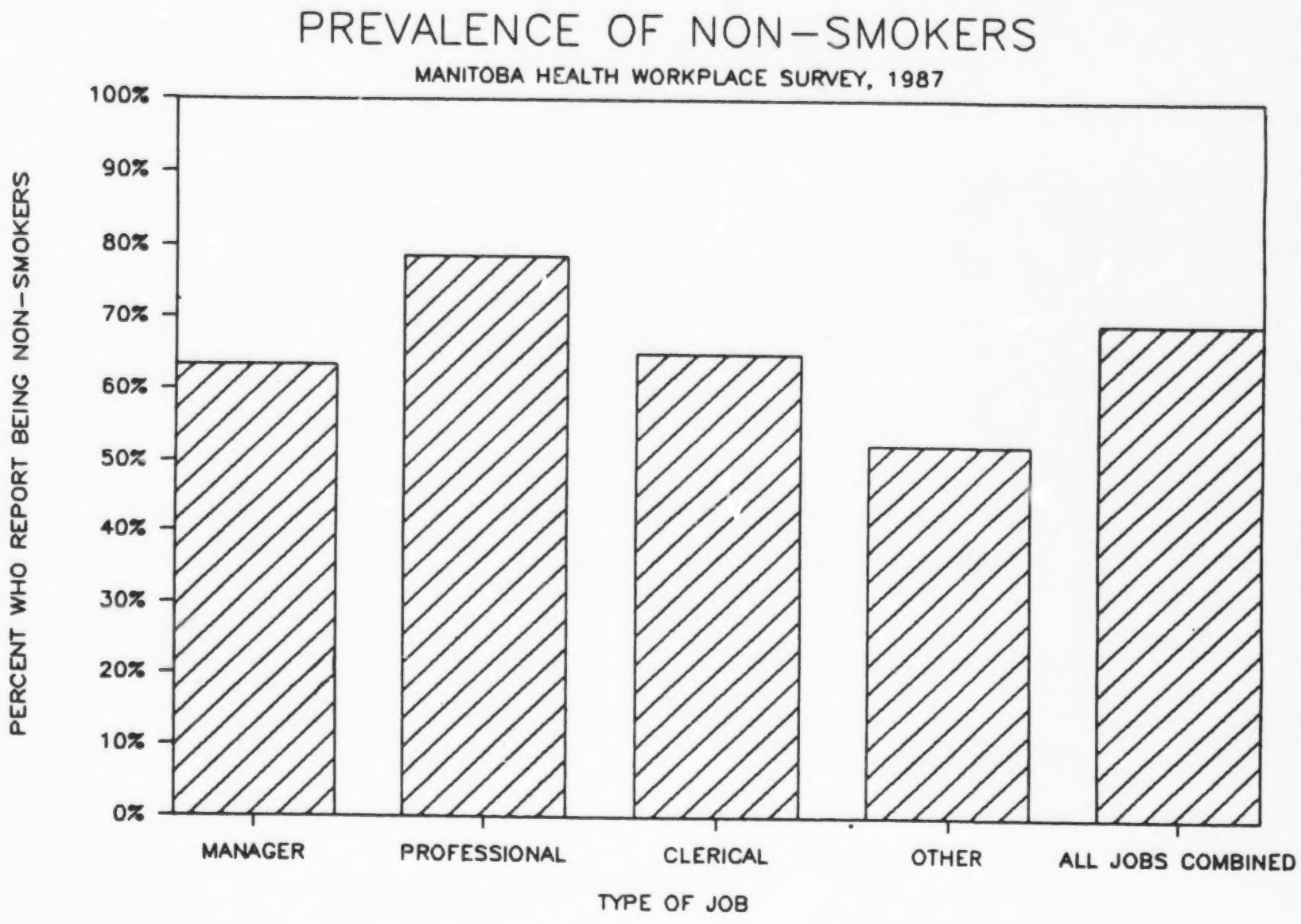

PREVALENCE OF NON-SMOKERS
MANITOBA HEALTH WORKPLACE SURVEY, 1987
PERCENT WHO REPORT BEING NON-SMOKERS
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
MANAGER
PROFESSIONAL
CLERICAL
OTHER
ALL JOBS COMBINED
TYPE OF JOB

TABLE 6

PREVALENCE OF SMOKING BY WORKSITE

WORKSITE	NON-SMOKERS	OCCASSIONAL SMOKERS	REGULAR SMOKERS	TOTAL* SAMPLE
CADHAM LABORATORY	23	1	4	28
COMMUNITY HEALTH SERVICES	64	2	16	82
M.H.S.C.	62	4	26	92
SELKIRK MENTAL HEALTH C.	60	6	31	97
BRANDON MENTAL HEALTH C.	69	7	39	115
OTHER	41	1	11	53
TOTAL	319	21	127	467

* 79 PERSONS DID NOT PROVIDE INFORMATION ON THEIR WORKSITE AND ARE THUS MISSING FROM THIS TABLE

WORKSITE	NON-SMOKERS	OCCASSIONAL SMOKERS	REGULAR SMOKERS	TOTAL* SAMPLE
CADHAM LABORATORY	82%	4%	14%	100%
COMMUNITY HEALTH SERVICES	78%	2%	20%	100%
M.H.S.C.	67%	4%	28%	100%
SELKIRK MENTAL HEALTH C.	62%	6%	32%	100%
BRANDON MENTAL HEALTH C.	60%	6%	34%	100%
OTHER	77%	2%	21%	100%
TOTAL	68%	4%	27%	100%

* 79 PERSONS DID NOT PROVIDE INFORMATION ON THEIR WORKSITE AND ARE THUS MISSING FROM THIS TABLE

Figure 6

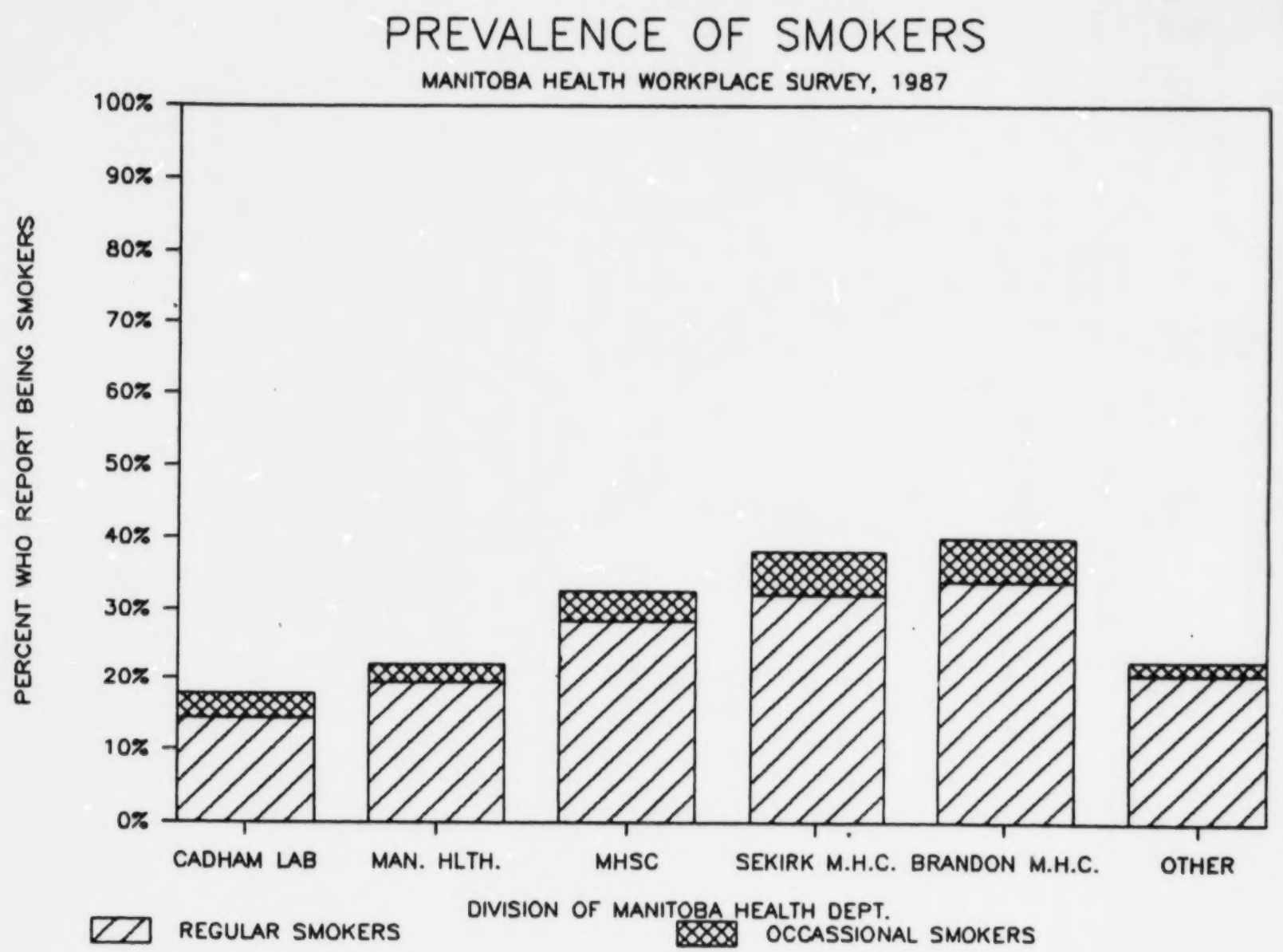

PREVALENCE OF SMOKERS
MANITOBA HEALTH WORKPLACE SURVEY, 1987
PERCENT WHO REPORT BEING SMOKERS
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
CADHAM LAB
MAN. HLTH.
MHSC
SEKIRK M.H.C.
BRANDON M.H.C.
OTHER
DIVISION OF MANITOBA HEALTH DEPT.
REGULAR SMOKERS
OCCASSIONAL SMOKERS

TABLE 7

TABLE 7 SHOWING THE PROPORTION OF EMPLOYEES WHO ARE AWARE OF THE GUIDELINES ON SMOKING IN THE WORKPLACE

LEVEL OF AWARENESS	NUMBER	(%)
AWARE & FAMILIAR WITH GUIDE	123	22.5%
AWARE OF GUIDELINES ONLY	233	42.7%
UNAWARE	173	31.7%
NO RESPONSE	17	3.1%
TOTAL	546	

TABLE 8

PREVALENCE OF AWARENESS OF THE GUIDELINES BY SMOKING STATUS

SMOKING STATUS	AWARE & FAMILIAR	AWARE ONLY	UNAWARE	NOT STATED	TOTAL
NEVER SMOKED	44	99	68	8	219
USED TO SMOKE	33	68	51	7	159
REGULAR SMOKER	39	54	48	1	142
OCCASSIONAL SMOKER	6	12	6	1	25
TOTAL	122	233	173	17	545

* PERSON DID NOT PROVIDE INFORMATION ON HIS/HER SMOKING STATUS AND IS THUS MISSING FROM THIS TABLE

PREVALENCE OF AWARENESS OF THE GUIDELINES BY SMOKING STATUS

SMOKING STATUS	AWARE & FAMILIAR	AWARE ONLY	UNAWARE	NOT STATED	TOTAL
NEVER SMOKED	20%	45%	31%	4%	100%
USED TO SMOKE	21%	43%	32%	4%	100%
REGULAR SMOKER	27%	38%	34%	1%	100%
OCCASSIONAL SMOKER	24%	48%	24%	4%	100%
OVERALL	22%	43%	32%	3%	100%

* PERSON DID NOT PROVIDE INFORMATION ON HIS/HER SMOKING STATUS AND IS THUS MISSING FROM THIS TABLE

Figure 7

AWARENESS OF GUIDELINES ON SMOKING

MANITOBA HEALTH WORKPLACE SURVEY, 1987

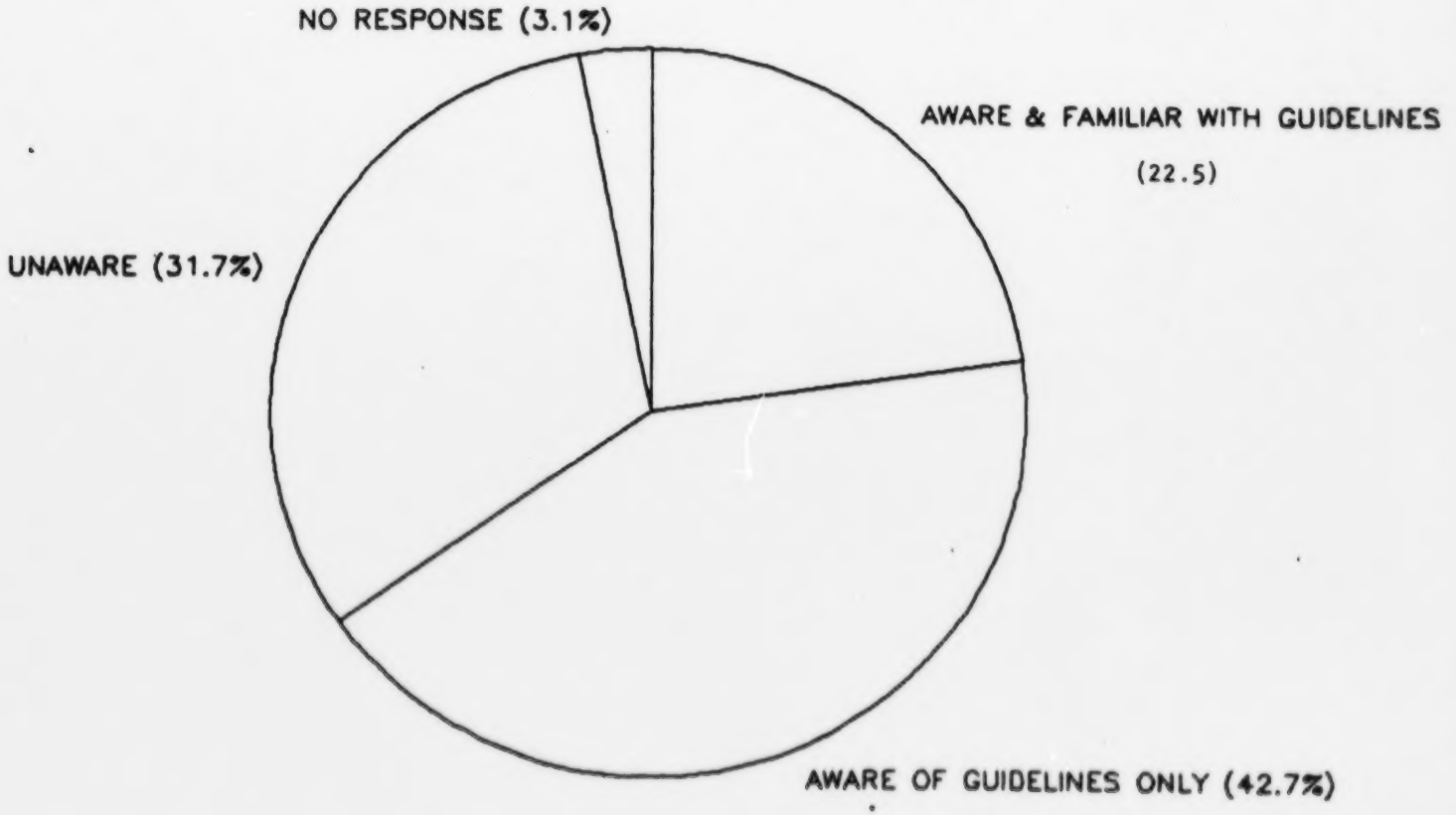


Figure 6

AWARENESS OF GUIDELINES ON SMOKING

MANITOBA HEALTH WORKPLACE SURVEY, 1987

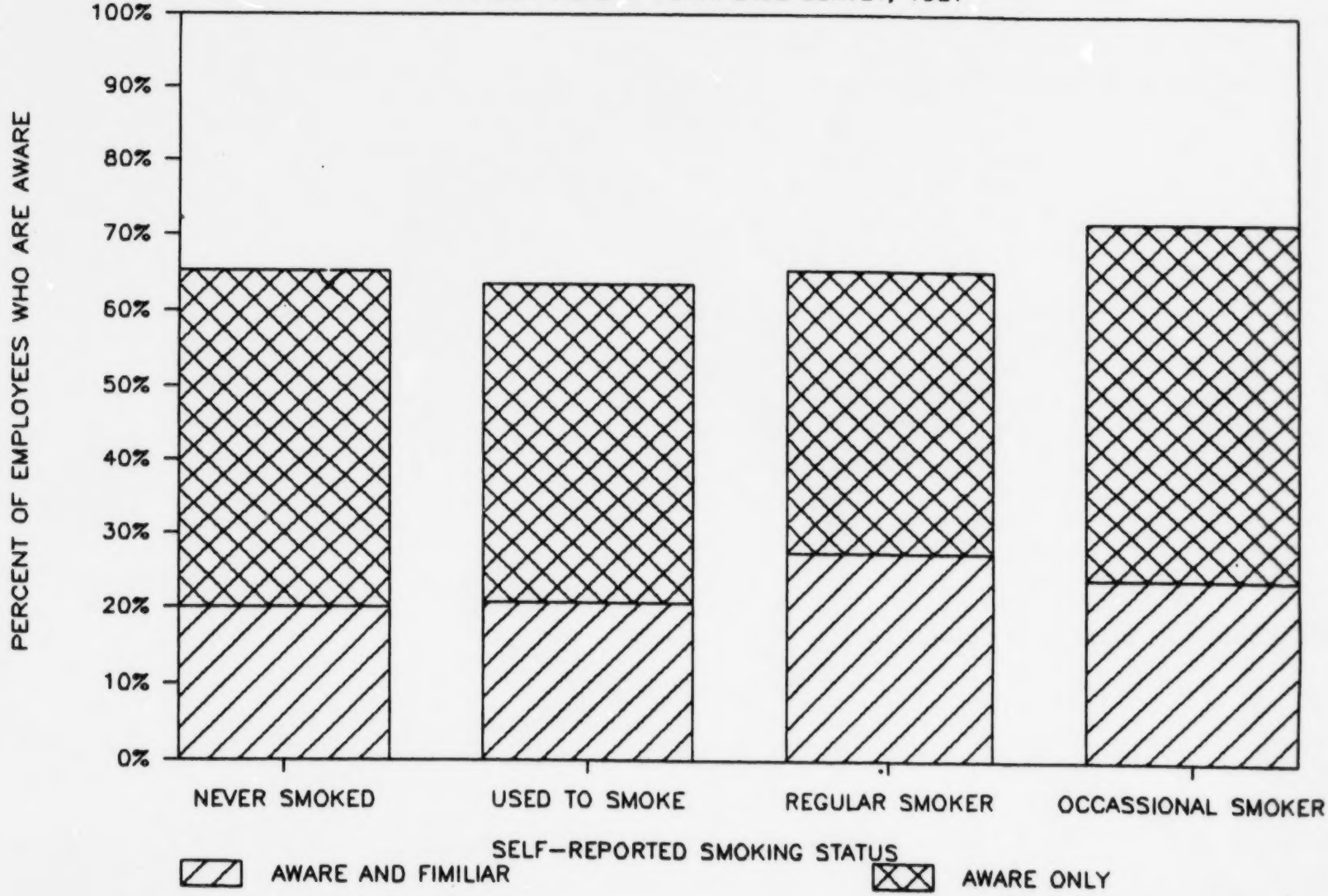


TABLE 9

PREVALENCE OF AWARENESS OF THE GUIDELINES
BY TYPE OF JOB

JOB TYPE	AWARE & FAMILIAR	AWARE ONLY	UNAWARE	NOT STATED	TOTAL
MANAGER	33	26	10	2	71
PROFESSIONAL	51	121	86	7	265
CLERICAL	18	49	48	2	117
OTHER	17	36	27	5	85
TOTAL	119	232	171	16	538

* 8 PERSONS DID NOT PROVIDE INFORMATION ON THEIR TYPE OF JOB AND ARE THUS MISSING FROM THIS TABLE

PREVALENCE OF AWARENESS OF THE GUIDELINES
BY WORKSITE

JOB TYPE	AWARE & FAMILIAR	AWARE ONLY	UNAWARE	NOT STATED	TOTAL
MANAGER	46%	37%	14%	3%	100%
PROFESSIONAL	19%	46%	32%	3%	100%
CLERICAL	15%	42%	41%	2%	100%
OTHER	20%	42%	32%	6%	100%
ALL JOBS COMBINE	22%	43%	32%	3%	100%

* 8 PERSONS DID NOT PROVIDE INFORMATION ON THEIR TYPE OF JOB AND ARE THUS MISSING FROM THIS TABLE

Figure 9

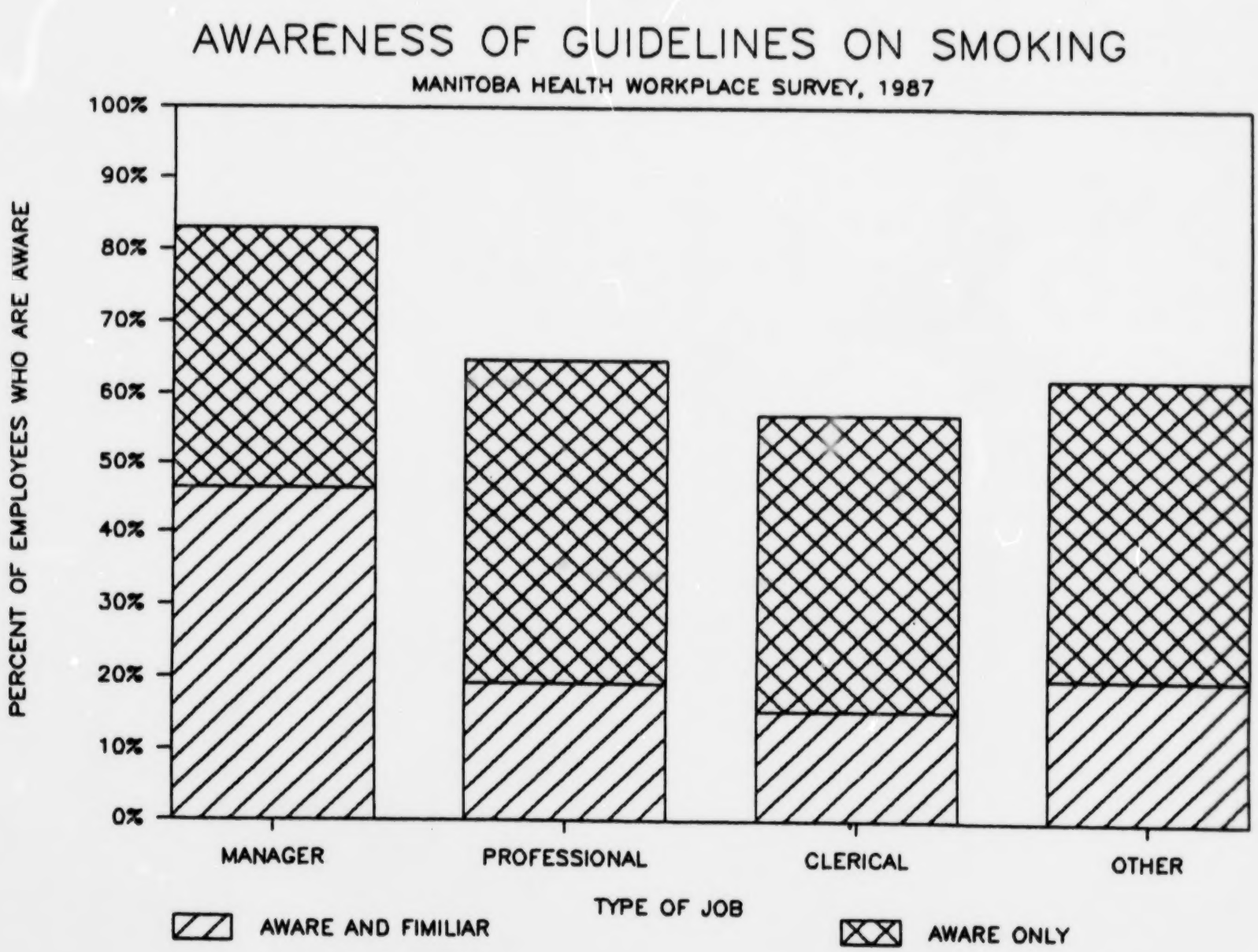

AWARENESS OF GUIDELINES ON SMOKING
MANITOBA HEALTH WORKPLACE SURVEY, 1987
PERCENT OF EMPLOYEES WHO ARE AWARE
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
MANAGER
PROFESSIONAL
CLERICAL
OTHER
TYPE OF JOB
AWARE AND FIMILIAR
AWARE ONLY

TABLE 10

PREVALENCE OF OPINIONS ON IMPROVING GUIDELINES
BY WORKSITE

WORKSITE	NO COMMENT	DESIGNATED AREA	BAN SMOKING	PROTECT NON-SMOKERS	RIGHTS OF SMOKERS	OTHER	NOT STATED	TOTAL
CADHAM LABORATORY	13	14	1	0	0	0	0	28
COMMUNITY HEALTH SERVICES	35	26	13	0	1	3	4	82
M.N.S.C.	41	34	9	1	4	3	0	92
SELKIRK MENTAL HEALTH C.	35	49	5	5	3	0	0	97
BRANDON MENTAL HEALTH C.	44	44	14	2	9	3	0	116
OTHER	22	21	4	1	0	1	4	53
TOTAL	190	188	46	9	17	10	8	468

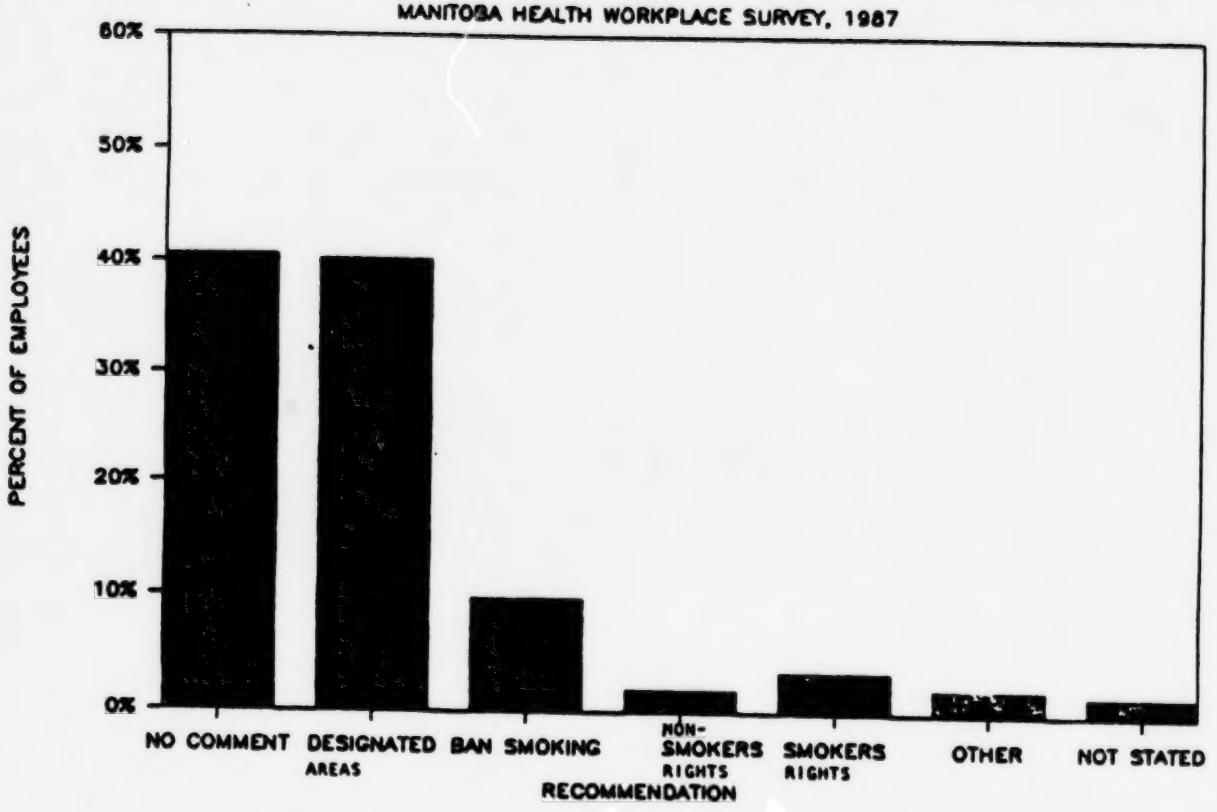
* 78 PERSONS DID NOT PROVIDE INFORMATION ON THEIR WORKSITE AND ARE THUS MISSING FROM THIS TABLE

PREVALENCE OF OPINIONS ON IMPROVING GUIDELINES
BY WORKSITE

WORKSITE	NO COMMENT	DESIGNATED AREA	BAN SMOKING	PROTECT NON-SMOKERS	RIGHTS OF SMOKERS	OTHER	NOT STATED	TOTAL
CADHAM LABORATORY	46%	50%	4%	0%	0%	0%	0%	100%
COMMUNITY HEALTH SERVICES	43%	32%	16%	0%	1%	4%	5%	100%
M.N.S.C.	45%	37%	10%	1%	4%	3%	0%	100%
SELKIRK MENTAL HEALTH C.	36%	51%	5%	5%	3%	0%	0%	100%
BRANDON MENTAL HEALTH C.	38%	38%	12%	2%	8%	3%	0%	100%
OTHER	42%	40%	8%	2%	0%	2%	8%	100%
TOTAL	41%	40%	10%	2%	4%	2%	2%	100%

* 78 PERSONS DID NOT PROVIDE INFORMATION ON THEIR WORKSITE AND ARE THUS MISSING FROM THIS TABLE

RECOMMENDED IMPROVEMENTS TO GUIDELINES



No Comment = Respondent did not answer the question

Designated Areas= Respondent suggested designating areas for smokers

Ban Smoking = Respondent suggested a full ban on all smoking

Non-Smokers Rights = Respondent suggested that non-smokers rights must take precedence

Smokers Rights = Respondent suggested that smokers rights take precedence

Other = All other suggestions

Not-stated = Respondent indicated no comments

TABLE 11

PERCENT OF PERSONS WHO REPORT BEING BOTHERED BY THE EXPOSURE TO PASSIVE SMOKE AT DIFFERENT WORKPLACE LOCATIONS

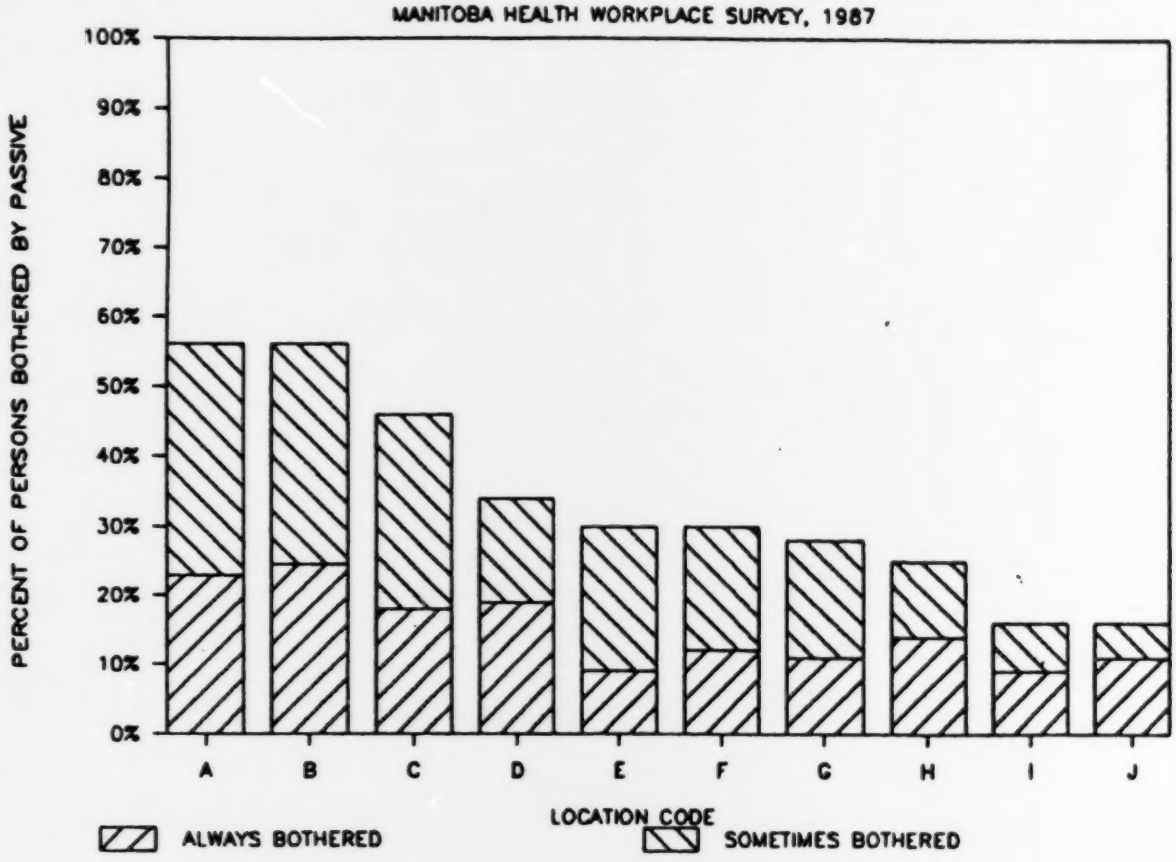
WORK-AREA WHERE PASSIVE SMOKE BOTHERS RESPONDENT	PERCENT* WHO ARE BOTHERED				PERCENT NON-RESPONSE
	ALWAYS	SOMETIMES	SELDOM	NEVER	
CAFETERIAS	23%	33%	13%	31%	5%
CONFERENCE/LUNCHROOMS	25%	32%	16%	29%	4%
IMMEDIATE WORK SETTING	18%	28%	17%	37%	3%
ELEVATORS/ESCALATORS	19%	15%	15%	51%	8%
HALLWAYS & CORRIDORS	9%	21%	24%	45%	6%
SERVICE COUNTERS	12%	18%	16%	54%	11%
WASHROOMS	11%	17%	21%	51%	7%
CLINIC ROOMS	14%	11%	14%	61%	13%
COMPUTER ROOMS	9%	7%	10%	74%	18%
LABORATORIES	11%	5%	8%	77%	19%

* THESE PERCENTS ARE THE PROPORTIONS AMONG THOSE WHO RESPONDED TO THE QUESTION THIS IS ASSUMED TO INDICATE THE RESPONSE AMONG THOSE WHO WORK IN SUCH ENVIRONMENTS

Figure 11

PLACE WHERE SMOKE BOTHERS RESPONDENT

MANITOBA HEALTH WORKPLACE SURVEY, 1987



LOCATION CODE	WORK-AREA WHERE PASSIVE SMOKE BOTHERS RESPONDENT
A	CAFETERIAS
B	CONFERENCE/LUNCHROOMS
C	IMMEDIATE WORK SETTING
D	ELEVATORS/ESCALATORS
E	HALLWAYS & CORRIDORS
F	SERVICE COUNTERS
G	WASHROOMS
H	CLINIC ROOMS
I	COMPUTER ROOMS
J	LABORATORIES